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Re:	Patent Application # 10/625,473	CC:	

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Application Number	10/625,473
Filing Date	
First Named Inventor	Wightman, Craig
Art Unit	RECEIVED
Examiner Name	CENTRAL FAX CENTER
Attorney Docket Number	MAY 17 2004

I hereby revoke all previous powers of attorney given in the above-identified application.

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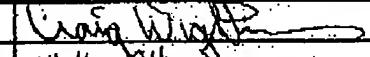
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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Craig Wightman (Applicant)		
Signature			
Date	4-16-04	Telephone	315.858.9649

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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